



Customer No. 26308

TPWAF
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Thompson et al.
Serial No.: 10/034,833
Filed: 27 December 2001
For: Systems to Promote Dissolution of Thrombi in the Thoracic Cavity

Group No. 3737
Examiner: R. Smith

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES

Applicant hereby appeals to the Board from the decision of the Primary Examiner mailed 1 February 2007
finally rejecting claims 1, 3-6, 9-16, 18-22, 51 and 60-69.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of
☐ other than a small entity
☒ small entity

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 1.17(e) the fee for filing the Notice of Appeal is:
☒ small entity \$250.00
☐ other than a small entity \$500.00

Notice of Appeal fee due \$ 250.00

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37CFR.1.17(a)(1) - (a)(5)) for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input checked="" type="checkbox"/>	three months	\$1,020.00	\$510.00
<input type="checkbox"/>	four months	\$1,590.00	\$795.00

08/03/2007 HLE333 00000045 10034833

01 FC:2401
02 FC:2253

250.00 DP
510.00 DP

Fee \$ 510.00

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

30 July 2007
(Date)

Judith Dunaway

(Typed or print name of person mailing paper)

(Signature of person mailing paper)

If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

or

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ 250.00

Extension fee (if any) \$ 510.00

TOTAL FEE DUE \$ 760.00

5. FEE PAYMENT

☒ Attached is a check in the sum of \$ 760.00

☐ Charge Account No. 06-2360 the sum of \$ _____. A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

☒ If any additional extension and/or fee is required charge Account No. 06-2360

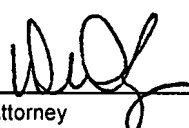
☒ If any additional fee for claims is required, charge Account No. 06-2360.

☒ If any additional Appeal fee is required, charge Account No. 06-2360.

Reg. No. 29,243

Tel. No.: (262) 783 - 1300

Customer No. 26308



Signature of Attorney

Daniel D. Ryan

Type or print name of attorney

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